

PREQUALIFICATION**SIMPLE FORM - INITIAL FEMALE/HANDICAPPED WORKFORCE ANALYSIS (BASED ON RESIDENCE IN LOUISVILLE MSA)**

Company Name: _____

Do you have a federally-approved affirmative action plan? ☐

EEO CODE		COMPANY TOTAL EMPLOYEES (all locations)	COMPANY FEMALE EMPLOYEES	FEMALE EMPLOYEE PERCENTAGE	WORKFORCE AVAILABILITY (CENSUS)	UNDER UTILIZATION YES OR NO	CURRENT VACANCIES	NUMBER OF DISABLED EMPLOYEES
01	Officials and Managers				40.8%			
02	Professionals				56.0%			
03	Technicians				61.8%			
04	Sales Workers				50.4%			
05	Administrative Support				77.4%			
06	Craft Workers (Skilled)				COMPLETE CHART BELOW			
07	Operatives (Semi-skilled)				26.60%			
08	Laborers & Helpers (Unskilled)				18.60%			
09	Service Workers				60.90%			
	Total							

SKILLED CRAFT WORK HOURS (ALL PROJECTS)			Construction Company: <input type="checkbox"/>				
TRADE		# of Employees	TOTAL COMPANY WORK HOURS	FEMALE WORK HOURS	FEMALE PERCENTAGE	LOUISVILLE METRO GOAL	UNDER UTILIZATION YES OR NO
	JOURNEY						
	APPRENTICE						
	TRAINEE						
	TOTAL					6.9%	
	JOURNEY						
	APPRENTICE						
	TRAINEE						
	TOTAL					6.9%	
	JOURNEY						
	APPRENTICE						
	TRAINEE						
	TOTAL					6.9%	
	JOURNEY						
	APPRENTICE						
	TRAINEE						
	TOTAL					6.9%	
GRAND TOTAL							

Signature of Company Official: _____

Title: _____

Date: _____

